The Commonwealth of Massachusetts
Health Care Quality and Cost Council
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Health Care Quality and Cost Council
Expert Panel on Performance Measurement
Meeting Minutes

Date: Monday, June 13, 2011
Time: 3:00 p.m. – 5:00 p.m.
Place: One Ashburton Place, 21st floor
Boston, MA

Attendees: Dana Safran, Susan Jo Roberts, Kiame Mahaniah, Kathy Coltin, David Smith, Paula Griswold, Madeleine Biondolillo, Pam Siren, Michael Chin, Tom Lee, Barbara Rabson, Richard Antonelli
Phone: Dale Magee, Catherine Moore
Members Absent: David Polakoff, Susan Abookire, David Ives, Charlie Homer, Arnold Epstein, Gareth Parry, Deb Wachenheim, Thomas Sequist, Richard Lopez, Neil Minkoff

I. Minutes from the May 9, 2011 Meeting were approved
II. Readmissions Update
    1. Jessica Moschella reported on behalf of the DHCFP that the 3M reports went out to hospitals in May and the UHG reports are being calculated.
    2. Dana Safran reviewed the 2011 readmissions timeline highlighting that this was the period of time to get hospitals their reports on at least 3M but hopefully all 3 measures (UHG and NCQA).
        a. Several meetings ago Dana presented the work done by her team on the NCQA measure to be rolled down to the hospital level. Dana reported on her meeting with DHCFP. They are interested in this measure. However, the DHCFP has the hospital wide discharge data set, while NCQA includes all care. In order to include ambulatory care the DHCFP needs the APCD, which is not ready yet. The DHCFP thought that the HCQCC dataset would not be a good choice for this purpose.
        b. Considerations for the EPPM:
            i. Should the NCQA measure be included in reports to hospitals on a sub-set of data?
            ii. The Yale team, hat worked on the condition specific measures for CMS is under contract with CMS for an all-condition measure. The measure is due to CMS by 9/30 and it needs to be under review by NQF upon delivery. Given this new information, should we go back to the HCQCC?

c. Discussion:
    i. It was noted that the original idea was to develop measures. Taking existing measures and reworking them is a different process.
    ii. The EPPM discussed the best method for getting feedback from hospitals. Noting that sending out reports to hospitals without some program for formal feedback.
    iii. Both the 3M and UHG run on hospital discharge data which is a different data set from the NCQA measure and the new Yale team measure. It was noted that nothing has happened with respect to changes or improvement to UHG or 3M that warrants changes to the EPPM's decisions.
    iv. It was also noted that the Yale team will want to test their measure and might be interested in running their measure for us on MA data.
    v. It was noted that MassHealth is going to incorporate some kind of readmission penalty this year, and that the measure to be used for this is still unknown.
d. Decisions:
    i. The EPPM will go back to the HCQCC to move out the January 2012 deadline based on that fact that two measures with national use are coming and we don't have an APCD to test them.
    ii. The EPPM also approved having the Division run NCQA on a limited database and provide these reports to hospitals.

III. ACO/Systemness Measure Development

1. Dana reported on a successful presentation to the Council, which approved the Systemness Measures Project Plan.

2. Jessica Moschella Reviewed the draft Notice of Intent
    a. The EPPM decided to ask respondents to rank the order of conditions they are willing to work on and answer the questions for their first priority. This will allow the EPPM to work with respondents in the event that there are many respondents for one or two of the conditions and none for other conditions.
    b. IP issues were highlighted a concern in both the Notice and Contract. These could limit innovation.
    c. The EPPM would like clarification on any communication restrictions by members about the Notice and an email template to send out to interested parties. Jessica will follow-up with an email to the EPPM.

IV. Terry O'Malley and Craig Schneider presented Project IMPACT for EPPM input.

1. It was noted that the estimate is that about 30,000 transfers will occur in this project
2. Project IMPACT needs the EPPM to approve this direction for evaluation.
    a. Discussion and suggestions:
        i. Adverse events have different definition for patients and providers.
        ii. Is there a mini-medical record that patients can log into rather than a piece of paper? Are there patient portals? This might be a way have patients report adverse events from their perspective.

iii. As a point of clarification it was noted that more details on the measures of utilization will be provided to the EPPM at a later date.
iv. Concern expressed about getting lost in gross measures.
v. How to you optimize the way you can see impact? Are there certain patient populations that should be either included or excluded?
vi. Another area of interest it clinicians operating at the top of their license in considering who is the care coordinator? It would be interesting to capture delivering the same outcome with the appropriate staffing, who are the most competent most cost effective care coordinators?

b. Project IMPACT will provide an update in person or via email every few months

Meeting adjourned at 4:47pm